

<i>SERFF Tracking Number:</i>	<i>KEMP-125711226</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Trinity Universal Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FBC0808F</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0001 Personal Interline Filings</i>
<i>Product Name:</i>	<i>AI Products</i>		
<i>Project Name/Number:</i>	<i>Implementation of BC0001 Endorsements/FBC0808F</i>		

Filing at a Glance

Company: Trinity Universal Insurance Company

Product Name: AI Products

SERFF Tr Num: KEMP-125711226 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0001 Personal Interline Filings

Co Tr Num: FBC0808F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Scott Sprague

Disposition Date: 06/27/2008

Date Submitted: 06/26/2008

Disposition Status: Approved

Effective Date Requested (New): 10/15/2008

Effective Date (New): 10/15/2008

Effective Date Requested (Renewal): 10/15/2008

Effective Date (Renewal):

10/15/2008

State Filing Description:

General Information

Project Name: Implementation of BC0001 Endorsements

Status of Filing in Domicile: Not Filed

Project Number: FBC0808F

Domicile Status Comments: Endorsement will be filed in the future.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/27/2008

State Status Changed: 06/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Trinity Universal Insurance Company hereby submits for approval a new endorsement, BC 0001 (08 08) Additional Charges and Fees Endorsement. This endorsement will be attached to all policies. The endorsement outlines the various charges and fees that may apply to the policy and other provisions applicable to those fees. The following statement referring the insured to this endorsement will print on the declarations page: For information about additional costs to you related to this policy, please read endorsement BC 0001.

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The applicable fee amounts will be filled in the variable fields on the endorsement.

Attached is a copy of BC 0001 for your review and approval.

The proposed effective date is 10/15/08 for new business and renewals.

Should you have any questions, please contact me at 904-596-8455 or email at ssprague@ekemper.com.

Company and Contact

Filing Contact Information

Scott Sprague, Forms Analyst
5210 Belfort Road
Jacksonville, FL 32256

ssprague@eKemper.com
(904) 596-8455 [Phone]
(904) 245-5601[FAX]

Filing Company Information

Trinity Universal Insurance Company
5210 Belfort Rd. Suite 120
Jacksonville, FL 32256
(904) 245-5600 ext. [Phone]

CoCode: 19887
Group Code: 215
Group Name:
FEIN Number: 75-0620550

State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trinity Universal Insurance Company	\$50.00	06/26/2008	21109478

SERFF Tracking Number:	KEMP-125711226	State:	Arkansas
Filing Company:	Trinity Universal Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FBC0808F		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0001 Personal Interline Filings
Product Name:	AI Products		
Project Name/Number:	Implementation of BC0001 Endorsements/FBC0808F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/27/2008	06/27/2008

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Disposition

Disposition Date: 06/27/2008
Effective Date (New): 10/15/2008
Effective Date (Renewal): 10/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	KEMP-125711226	State:	Arkansas
Filing Company:	Trinity Universal Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FBC0808F		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0001 Personal Interline Filings
Product Name:	AI Products		
Project Name/Number:	Implementation of BC0001 Endorsements/FBC0808F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Charges and Fees Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Charges and Fees Endorsement	BC 0001	08 08	Endorsement/New Amendment/Conditions		53.70	BC00010808.pdf

ADDITIONAL CHARGES AND FEES ENDORSEMENT

All Coverage Parts included in this policy are subject to the following conditions.

This endorsement describes the charges and fees "you" agree to pay when "you" use one of the plans "we" offer. For the purposes of this endorsement only, "you" and "your" also means the person responsible for paying for this insurance coverage and for making the decision to keep this coverage in force. For the purpose of this endorsement only "we", "us" or "our" also means the company on the declaration page that issued this policy.

ADDITIONAL CHARGES AND FEES

In addition to the premium listed on the declarations page, "you" may be required to pay other charges and fees depending on the payment plan "you" have selected and "your" payment history.

I. Billing Charges

"You" will be required to pay installment charges in the amount of \$ _____ **per each bill** (Billing Charges) unless:

- A. "You" pay the premium in full for the entire policy term on or before the policy effective date; or
- B. "You" timely make payment to "us" via "our" automatic withdrawal of payment due from "your" checking or savings account or charge to "your" credit card pursuant to a company approved payment plan for which "you" have authorized "us" to withdraw/charge recurring payments.

II. Other Charges And Fees Which May Be Associated With "Your" Policy Based Upon "Your" Payment History

Nothing in this section II shall be deemed to require "us" to continue or reinstate "your" policy if "we" do not receive "your" payment when due.

A. LATE CHARGES

"We" may, in "our" sole discretion, accept late payment from "you". The fact that "we" may accept late payment from "you" one or more times does not effectuate any waiver of "our" right to cancel or refuse to reinstate "your" policy at other times when "your" payment is not timely.

If "we" do not receive payment within five (5) calendar days after its due date, a Late Charge in the amount of \$ _____ will be added to "your" balance. This charge will be included on the next bill issued along with any applicable billing charges.

B. RETURNED PAYMENT FEES

If "your" payment to "us" is justifiably dishonored or not permitted by the financial institution to which "you" directed "we" should receive payment, "you" must pay "us" a \$ _____ Returned Payment Fee. This fee will be included on the next bill issued after "we" receive notice of the dishonor from the financial institution.

C. REINSTATEMENT FEES

"You" must pay "us" a Reinstatement Fee if "we" agree to reinstate "your" policy after it has been cancelled for non-payment during the policy term. The fee, which will be no greater than \$ _____, will be added to "your" balance and will be included on the first bill issued after the reinstatement.

III. Cumulative Nature of Charges and Fees

The charges and fees set forth above in section II may be cumulative. For example, a late payment that "we" agree to accept could result in one or more additional Billing Charge(s), Late Charges, Returned Payment Fees, or Reinstatement Fees.

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/27/2008
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Comments:

Attachment:

AR Filing Transmittal.pdf

FORM Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Unitrin	215

4. Company Name(s)	Domicile	NAIC #	FEIN #
Trinity Universal Insurance Company	TX	19887	75-0620550

5. Company Tracking Number	FBC0808F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Scott Sprague 5210 Belfort Rd, Ste. 120 Jacksonville, FL 32256	Forms Analyst	904-596-8455	904-245-5601	ssprague@ekempe r.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Scott Sprague

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Interline Filing
10. Sub-Type of Insurance (Sub-TOI)	Personal Interline Filing
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Implementation of BC0001 Endorsement
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 10-15-08 Renewal: 10-15-08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

17.	Reference Organization # & Title	
18.	Company's Date of Filing	06/26/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FBC0808F
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21.	Filing Description Endorsement to outline the various charges and fees that apply to the policy
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount: \$50.00 - being submitted electronically.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**